

# NATIONAL Assessment Centre Services.

(prev 1 Jan 05)

MNA 119130199

Date In: 11/10/19 17:38	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA 11NC 19017301/64	E-mail (within 5hrs, AIC 2hrs)		
Veh No: SGM 3561 B	I-Motor Claim Form	MT11064985-001	21/10/19 09:23
DEFA 11/10/19	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
Off: TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLR 8307 B	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( )	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Comments:	Done by:
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: \_\_\_\_\_

Date/Time	Actions

NA 1907356	Invoice	Amount	Balance
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	01/10/2019 17:38
Date Of Accident	01/10/2019 16:35
Exact Location Of Accident	CTE EXIT 8B PIE(CHANG)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM3561B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN LEE SIN
NRIC No	S7322410A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97609386
Alternative Phone No	OFFICE-97609386

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5073855941-03
Cover Note Number	

### Driver

Name of Driver	TAN LEE SIN
NRIC No	S7322410A
Date Of Birth	22/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1996
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97609386
Fax Number	
Contact Number	OFFICE-97609386
Email Address	NOEMAIL

Address	BLK 53 NEW UPPER CHANGI RD #08-1480
Postcode	461053
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : JAEREN TAN
	GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS TRAVELLING ALONG CTE EXIT TO 8B TWDS PIE(CHANGI), VEH B WHICH WAS INFRONT OF ME BRAKE, I MANAGE TO STOP BUT CANNOT STOP IN TIME, AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR8307B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	POH KOK HUAT
NRIC/Passport Number	S1764644C
Contact Number	98717394
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)



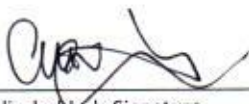
## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

DB Exit.

A= SGM 3561B  
B= SLR 8307B

CTE Exit 8 B PIE (Changi)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="01/10/2019 17:27"/>
Vehicle No.(For Motor)	<input type="text" value="SGM3561B"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5073855941-03		TAN LEE SIN	S7322410A	GPC	Third Party, Fire & Theft	SGM3561B	SGM3561B	16/10/2018	15/10/2019



## Claim Handling

Accident MT/1064985

Policy No.	5073855941-03	Vehicle No.	SGM3561B	GST Registration No.	
Certificate No.					
Policyholder Name	TAN LEE SIN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S7322410A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97609386	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
<b>Accident Details</b>					
Report Date	02/10/2019 09:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/10/2019	Time of Accident hh:mm	16:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE EXIT 8B PIE(CHANGE)				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 53 #08-1480	Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGAPORE 461053
Address 4		Address Type	Singapore address	Post Code	461053
Unit No.		Related Policy Number	5073855941-04		
<b>OI Driver Info</b>					
Driver Name	TAN LEE SIN	Driver Type	Main Driver	Driver DOB	22/06/1973
Unnamed driver Name		Driver NRIC	S7322410A	Driving Experience	23
Register Date of Driver License	26/09/1996	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)	97609386	Contact No.(Office)		Address 3	SINGAPORE 461053
Address 1	BLK 53 #08-1480	Address 2	NEW UPPER CHANGI ROAD	Post Code	461053
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
<b>Modification History</b>					

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAN LEE SIN	Insured NRIC	S7322
Contact No.(Mobile)	97609386	Contact No.(Home)	64453319	Contact No.(Office)	
Email Address	tan-ls@hotmail.com	Vehicle Number	SGM3561B	TP Vehicle Number	SLR83
Claim Description	SGM3561B / SLR8307B ON 1 Oct 2019				
Preferred Workshop	0	Insured Liability	Fully at Fault	GIA report	Received
Preferred Repair Option	Yes	Preferred Workshop, Name unknown		Claim Close Date	02/10/2019 09:22
Date Registered				Date Received	02/10/2019
Report Taken By	LEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

## Attachment

Accident No.	MT/1064985	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/10/2019 09:23
Path *			
Choose File	No file chosen	Category *	Normal
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
NAC_PAYA_UBI_800601[ NATIONAL ASSESSMENT CENTRE SERVICES) o	NRIC/ Driving License	Y	Normal
02 Oct 2019 09:23			
Description			
NRIC/ Driving License 2019-10-2			





NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
02 Oct 2019 09:23

SAS

Normal

SAS 2019-10-2

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
02 Oct 2019 09:23

Photos

Normal

Photos 2019-10-2

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
02 Oct 2019 09:22

Photos

Normal

Photos 2019-10-2

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
02 Oct 2019 09:22

Photos

Normal

Photos 2019-10-2

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
02 Oct 2019 09:22

Photos

Normal

Photos 2019-10-2

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
02 Oct 2019 09:22

Photos

Normal

Photos 2019-10-2

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
02 Oct 2019 09:22

Photos

Normal

Photos 2019-10-2

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
02 Oct 2019 09:22

Photos

Normal

Photos 2019-10-2

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading